



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

April 4, 2012

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These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

### Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

### Grant Announcements

#### **Nurse Education, Practice, Quality and Retention (NEPQR) Program: Inter-professional Collaborative Practice, \$5309.** Announced March 30, 2012.

Funding is available for projects that create and/or expand Inter-professional Collaborative Practice (IPCP) environments where nurses and other professionals can successfully collaborate and communicate in order to increase access to care and to achieve high quality patient and population-centered outcomes. Successful projects will promote practice environments in which emergent nurse leaders have an opportunity to demonstrate leadership in team building, problem-solving and care-coordination; provide clinical training opportunities for nursing students; and demonstrate innovation in IPCP. Eligible applicants are accredited schools of nursing, health care facilities, or a partnership of such a school and a facility. \$10M in 20 awards is available. Applications are due May 29, 2012.

The announcement can be viewed at: [HRSA](#)

#### **Emergency Medical Services for Children (EMSC) Data Coordinating Center, \$5603.**

Announced March 30, 2012. Funding is available through a cooperative agreement to serve as a new data center that will support the Health Resources and Services Administration (HRSA's) existing EMSC program grantees in ensuring that emergency care is available to children in various settings where there may not be resources to provide pediatric specialty care. As a part of this initiative, the data center will serve as the National EMSC Data Analysis Resource Center to help support the collection, analysis, and utilization of data for EMSC Program. The EMSC

also provides funding for the Pediatric Emergency Care Applied Research Network (PECARN) for coordinating an infrastructure in which to conduct pediatric emergency medicine research at various locations. The data center will also serve as an independent data coordinating center for PECARN. Eligible applicants are states and accredited schools of medicine. One \$2.8 million award is available. Applications are due May 29, 2012.

The announcement can be viewed at: [HRSA](#)

**Emergency Medical Services for Children Resource Center (EMSC), §5603.** Announced March 29, 2012. Funding is available through a cooperative agreement to provide support for a new resource center that will support HRSA's existing EMSC program grantees in ensuring that emergency care is available to children in various settings where there may not be resources to provide pediatric specialty care. HRSA's EMSC program seeks innovative solutions to implement performance measures and to address gaps in pediatric emergency care. The resource center will circulate information on advancements in pediatric emergency medical services; facilitate resource sharing; and offer technical support, content support, and peer-to-peer learning activities to HRSA's EMSC Program grantees. One \$1.5M award is available. Applications are due April 30, 2012.

The announcement can be viewed at: [HRSA](#)

## Guidance

**4/2/12 CMS issued ACA-related final regulations for Medicare Advantage (MA) and prescription drug benefit (Part D) programs** to improve benefits and the quality of care for seniors and people with disabilities enrolled in these programs. The regulations were released concurrently with a rate announcement and call letter that address 2013 payments and other program updates.

CMS issued "Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs for Contract Year 2013 and Other Changes" which revises the Medicare Advantage (MA) program (Part C) regulations and prescription drug benefit program (Part D) regulations to implement new statutory requirements; strengthen beneficiary protections; exclude plan participants that perform poorly; improve program efficiencies; and clarify program requirements. The rule provides: Next steps in implementation of the Part D Coverage Gap Discount Program under the ACA; greater flexibility for doctors to assist beneficiaries in drug coverage appeals; better reporting of prescriber identifiers to improve program oversight and detect fraud; and new authority to remove consistently poor performing MA and Part D plans from the program. The drug and health plan program updates, effective January 1, 2013, will help continue the trend of lower premiums and stable or improved benefits that beneficiaries in these programs have experienced over the last two years. The rule also responds to public comments regarding the long-term care (LTC) facility conditions of participation pertaining to pharmacy services and solicits comments on several LTC sections. The rule implements portions of sections 3301, 6005, and 10328 of the ACA.

CMS is seeking comments on specific long-term care (LTC) provisions to help determine a comprehensive approach to eliminate overprescribing and the use of chemical restraints in LTC. Comments are due in 60 days.

For more information on the final rule visit: [Final Rule](#)

The Rate Announcement and Final Call Letter are combined into a single guidance document and establish updates to payment methodologies, other policies, and program operations for Part C organizations and Part D sponsors. Highlights of the 2013 Rate Announcement and Final

Call Letter include: 2013 Part D Benefit Parameters, including improved coverage in the coverage gap; guidance on limiting year-over-year cost increases for MA beneficiaries; and new guidance to strengthen controls against prescription drug abuse.

More information on the 2013 Rate Announcement and Final Call Letter are available at: [Information](#) and [Information](#)

Read the CMS press release on both announcements at: [Press Release](#)

**4/3/12 HHS/FDA published a notice regarding Draft Guidance for Industry on Compliance Policy for Reporting Drug Sample Distribution Information** which is intended to provide information regarding the implementation of the drug sample transparency reporting provisions of ACA §6004. This provision requires certain prescription drug manufacturers and distributors to submit certain drug sample information to the FDA by not later than April 1 of each year, beginning April 1, 2012. The draft guidance notifies entities covered by the reporting obligations in §6004 that the FDA does not intend to object until at least October 1, 2012, if manufacturers and authorized distributors of record (ADRs) do not submit information under those reporting provisions and that the FDA intends to provide notice before revising its exercise of discretion with respect to compliance. The Agency expects to issue further draft guidance concerning the requirements of section 6004 later in 2012.

Comments are due by June 4, 2012.

Read the notice at: <http://www.gpo.gov/fdsys/pkg/FR-2012-04-03/pdf/2012-7912.pdf>

Prior guidance can be viewed at [www.healthcare.gov](http://www.healthcare.gov)

## News

**4/11/12- 4/12/12 The next meeting of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health** is scheduled for the afternoon of April 11, 2012 and all day April 12, 2012 at HHS in Washington, DC.

The **Advisory Group**, created by President Obama in January 2011 (as required by the ACA), provides guidance to members of the **National Prevention, Health Promotion, and Public Health Council. The Council was created by President Obama** in June 2010, as required by §4001 of the ACA, to develop a National Prevention Strategy and provide coordination and leadership at the federal level and among all executive departments and agencies with respect to prevention, wellness and health promotion practices.

More information on the National Prevention Council can be found at: <http://www.healthcare.gov/prevention/nphpphc/index.html>

The **National Prevention Strategy**, a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life, was announced in June 2011 by members of the National Prevention Council, including HHS Secretary Kathleen Sebelius, Surgeon General Regina Benjamin (Council Chair) and Domestic Policy Council Director Melody Barnes.

Read about the Strategy at: [NPHPPHCStrategy](#)

Secretary JudyAnn Bigby, M.D. was named to serve on the Advisory Group.

More information on the Advisory Group, including its members, can be found at: [Moreinfo](#)

**Exact meeting information** for the April Advisory Group meeting, including an agenda, will be posted at: <http://www.healthcare.gov/prevention/nphpphc/advisorygrp/index.html>

closer to the meeting date. Members of the public wishing to attend the meeting must register by 12 p.m. EST on April 2, 2012 by emailing contact information to [prevention.council@hhs.gov](mailto:prevention.council@hhs.gov). Additionally, written comments for the Advisory Group members should be sent to [prevention.council@hhs.gov](mailto:prevention.council@hhs.gov) by 12 p.m. EST April 2, 2012.

**3/29/12 CMS announced that three new Consumer Oriented and Operated Plan (CO-OP) repayable loans will be awarded** to entities to help them establish private non-profit, consumer-governed health insurance companies to offer qualified health plans in the health insurance exchanges. Established under §1322 of the ACA, the goal of CO-OP program is to create a new CO-OP in every state in order to expand the number of exchange health plans with a focus on integrated care and plan accountability.

New non-profits receiving loans include: Maine Community Health Options, Oregon's Health CO-OP and Consumers' Choice Health Insurance Company. The Maine CO-OP received a \$62.1 million loan, the Oregon CO-OP received a \$56.6 million loan and the South Carolina CO-OP received \$87.6 million. CMS says Maine Community Health Options is sponsored by the Maine Primary Care Association, and the Oregon CO-OP is sponsored by CareOregon, a non-profit Medicaid managed care organization and the Consumers' Choice Health Insurance Company is sponsored by a hybrid team of volunteers from not-for-profit organizations, member-driven employer groups and business advocates.

Starting in 2014, CO-OPs will be able to offer plans both inside and outside of health insurance exchanges and will operate in ten states, including: Maine, South Carolina, Oregon, New Mexico, Montana, Iowa, Nebraska, Wisconsin, New Jersey, and New York. CMS awarded the first round of CO-OP loans on February 21, 2012. To date, CMS has awarded 10 nonprofits \$845 million under the program. The first round of applications was due on October 17, 2011 and the second round of applications was due on January 3, 2012. CMS will continue to review applications on a quarterly schedule and announce additional awardees on a rolling basis.

For more information, including a list of the first CO-OP loans awarded, visit: <http://www.healthcare.gov/news/factsheets/2012/02/coops02212012a.html>

**3/29/12 CMS issued a notice in the Federal Register announcing the agency's intention to establish a Federally Funded Research and Development Center (FFRDC)** to facilitate the modernization of business processes and supporting systems and their operations.

The notice says that CMS has a need for an independent organization to assist in strategic/tactical planning and analysis, conceptual planning and prototyping, long term acquisition planning and requirements development, organizational planning and relationship management, continuous process improvement, strategic technology evaluation, and feasibility analysis and design in the areas of policy, business operations and technology.

According to the notice, CMS states that an FFRDC would be appropriate to provide these needed services and CMS has surveyed the existing FFRDCs and does not believe that there is an established FFRDC that could effectively meet all of its requirements. As a result, in the notice, CMS states that it is appropriate to establish an FFRDC for CMS, since existing alternative sources cannot satisfy current and future agency requirements. The notice states that the FFRDC will encompass all of CMS' needs, including those associated with the Affordable Care Act, and other current and future statutorily driven requirements.

Read the notice at: <http://www.gpo.gov/fdsys/pkg/FR-2012-03-29/pdf/2012-7495.pdf>

## Upcoming Events

### **Money Follows the Person Stakeholder Meeting**

May 18, 2012, 2:30 PM - 4:00 PM  
Shrewsbury Office Amphitheatre  
University of Massachusetts Medical School  
333 South Street  
Shrewsbury, MA 01545

At this meeting we will continue focusing on discussion topics that impact transitions such as assessing risk and developing strategies to mitigate risk. Please contact [MFP@state.ma.us](mailto:MFP@state.ma.us) to RSVP and to request reasonable accommodations. Although RSVPs are greatly appreciated, they are not required.

### **Integrating Medicare and Medicaid for Dual Eligible Individuals Open Meeting**

April 9, 2012, 10:00 AM - 12:00 PM  
State Transportation Building, Conference Rooms 1, 2, & 3, Second Floor, 10 Park Plaza,  
Boston

The purpose of this open meeting will be to discuss next steps in the State Demonstration to Integrate Care for Dual Eligible Individuals, following topical workgroup and other activities occurring in March.

Attendance is welcome from all stakeholders and members of the public with interest in this proposed Demonstration. Reasonable accommodations will be made for participants who need assistance. Please send your request for accommodations to Donna Kymalainen at [Donna.Kymalainen@state.ma.us](mailto:Donna.Kymalainen@state.ma.us).

### **Insurance Market Reform Work Group Open Stakeholder Meetings**

The Insurance Market Reform Work Group, co-chaired by the Health Connector and the Division of Insurance, is hosting a series of open meetings to solicit feedback on a range of topics under its purview. The meeting schedule and proposed topics are highlighted below. If any interested persons are unable to attend the meetings in person, they can participate in the session by calling the number below. We highly encourage people to attend in person as the acoustics in the Hearing Room can be difficult.

Dialing Instructions:

Dial 1-877-820-7831

Pass Code 9630386# (please make sure to press # after the number).

**Follow-up meeting about research to study the impact of ACA changes to the size of the small group market; and Changes to rating factors (e.g., group size adjustment, age bands, etc.); discussion of the ACA summary of coverage and uniform glossary**

April 6, 2012  
10:00 - 11:30 a.m.  
1000 Washington Street, Boston  
Hearing Room E, DOI Offices

### **Subject to Be Announced**

April 27, 2012  
10:00 - 11:30 a.m.  
1000 Washington Street, Boston  
Hearing Room E, DOI Offices

**Potential ACA changes including open enrollment/special enrollment, eligibility appeals, termination, uniformity of forms**

May 11, 2012

10:00 - 11:30 a.m.

1000 Washington Street, Boston

Hearing Room E, DOI Offices

**Other issues (TBD)**

May 25, 2012

10:00 - 11:30 a.m.

1000 Washington Street, Boston

Hearing Room E, DOI Offices

Bookmark the **Massachusetts National Health Care Reform website** at: [http://mass.gov/national\\_health\\_reform](http://mass.gov/national_health_reform) to read updates on ACA implementation in Massachusetts.

Remember to check <http://mass.gov/masshealth/duals> for information on the **"Integrating Medicare and Medicaid for Dual Eligible Individuals"** initiative.